



OLYMPIC REGIONAL
NEW YORK
DEVELOPMENT AUTHORITY

APPLICATION FOR EMPLOYMENT

NAME: _____

Last First Mid Init.

ADDRESS: _____

Street

City State Zip

PHONE: _____

If under 18, can you provide a worker's permit? Yes No

Do you have a driver's license? Yes No
(Answer only if applicable to job duties)

Are you legally able to accept employment in the United States? Yes No

Have you been convicted of a felony in the last seven years? Yes No
If yes, please explain: _____

NEW YORK STATE OF OPPORTUNITY.

WHERE ARE YOU APPLYING FOR WORK
(PLEASE CIRCLE)



OLYMPIC CENTER



OLYMPIC JUMPING COMPLEX



OLYMPIC SPORTS COMPLEX



WHITEFACE



ORDA STORE



ADMINISTRATION

POSITION YOU ARE APPLYING FOR:

How soon are you available? _____

Previously employed by ORDA? Yes No
If so, where? _____

ONLY ANSWER THIS QUESTION IF YOU HAVE BEEN INFORMED OF THE JOB REQUIREMENTS:

Are you able to perform, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

EMPLOYMENT HISTORY Start with your most recent job. Please include military assignments and volunteer work

#1 WORKED FROM _____ TO _____ EMPLOYER: _____
TITLE AND DUTIES: _____ REASON FOR LEAVING: _____

#2 WORKED FROM _____ TO _____ EMPLOYER: _____
TITLE AND DUTIES: _____ REASON FOR LEAVING: _____

#3 WORKED FROM _____ TO _____ EMPLOYER: _____
TITLE AND DUTIES: _____ REASON FOR LEAVING: _____

#4 WORKED FROM _____ TO _____ EMPLOYER: _____
TITLE AND DUTIES: _____ REASON FOR LEAVING: _____

EDUCATION

NAME OF ELEMENTARY SCHOOL: YEARS COMPLETED (THROUGH 8TH GRADE): _____

NAME OF HIGH SCHOOL: YEARS COMPLETED (THROUGH 12TH GRADE): _____

NAME OF COLLEGE(s) (if applicable) DEGREE(s): _____

DESCRIBE ANY SPECIALIZED TRAINING OR SPECIAL RECOGNITION YOU HAVE RECEIVED:

PERSONAL REFERENCES (do not use relatives nor former employers):

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU'D LIKE US TO CONSIDER WITH YOUR APPLICATION

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I further authorize investigation of all information provided herein for employment as may be necessary in arriving at an employment decision. This includes contacting references and past employers. In the event of employment, I understand that false or misleading information provided in this application may result in discharge.

_____/_____/_____
Signature Date

Pursuant to Executive Order 161, no State entity, as defined by the Executive Order, is permitted to ask, or mandate, in any form, that an applicant for employment provide his or her current compensation, or any prior compensation history, until such time as the applicant is extended a conditional offer of employment with compensation. If such information has been requested from you before such time, please contact the Governor's Office of Employee Relations at (518) 474-6988 or via email at info@goer.ny.gov.

ORDA is an Affirmative Action / Equal Opportunity Employer